

Administrative Special Use Permit Application

Department of Planning & Zoning 301 King Street, Room 2100, Alexandria, Virginia 22314 Phone: 703.746.4666 | www.alexandriava.gov/planning

PROPERTY LOCATION: 3846 King St, Alexandria, VA 22302

ZONE: RA TAX MAP REFERENCE: 021.02-01-01

APPLICANT'S INFORMATION:

Applicant: Maria Celeste Stillo Business/Trade Name: FEATHERS BILINGUAL ACADEMY LLI

Address: 9129 Leghorn PI, Fairfax, VA 22031

Phone: 7035319360 Email: celestillo08@gmail.com

PROPOSED USE:

Animal Care with Overnight Massage Establishment

Accommodations
Outdoor Dining (Other than King Street Outdoor

Auto Trailer Rental or Sales Dining Area)

Catering Operation Outdoor Food and Crafts Market

Child and Elder Care Homes Outdoor Garden Center

✓ Day Care Center Outdoor Display

Health and Athletic Club Public School Trailers

Light Assembly, Service, and Craft Valet Parking

Light Auto Repair Vehicle Parking or Storage for More Than 20

Vehicles Live Theater

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 3846 King Street (property address), for the purposes of operating a day care center (use) business as described in this application. I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name:

Elder Beth McFarland

Phone: 7039317344

Address:

3846 King St. Alexandria, VA 22302

Email: office@fpcusa.org

Signature: N

Date:

6.23.22

1. The applicant is the (check one):

Owner

✓ Contract Purchaser Lessee or

Other:

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

Maria Celeste Stillo owns 100% of the business FEATHERS BILINGUAL ACADEMY LLC

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

N/A

Provide proof of current City business license Yes.

The agent shall obtain a business license prior to filing application, if required by the City No. Code.

USE CHARACTERISTICS

Please give a brief statement describing the use:

Early education for children age 16 months to 5 years old.

3. Please describe the proposed hours of operation:

Days

Hours

Daily

Or give hours for each day of the week

Monday

7:30 am - 6 pm

Tuesday

7:30 am - 6 pm

Wednesday 7:30 am - 6 pm

Thursday

7:30 am - 6 pm

Friday

7:30 am - 6 pm

Saturday

N/A

Sunday

N/A

- Please describe the capacity of the proposed use:
 - How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

The capacity of the child care center is approximately 52 children from 7:30 am to 6 pm. (Previous school CO was approved for 90 children)

How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

The center will hire approximatly 8 teachers from 7:30 am to 6 pm.

- How many parking spaces of each type are provided for the proposed use:
 - 21

Standard and compact spaces

2

Handicapped accessible spaces

Other

B. Please give the number of:

40

Parking spaces on-site

Parking spaces off-site

If the required parking will be located off-site, where will it be located?

N/A

Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use?

There are 10 reserved parking spots for Feathers Bilingual Academy. In addition, there are 11 unreserved parking spaces to be use on a first come/first sevre basis from Monday to Friday.

C. During what hours of the day do you expect loading/unloading operations to occur? Child drop-off and pick-up will generally occur between 7:30am - 9:30am and 4:00pm - 6:00pm.

D. How frequently are loading/unloading operations expected to occur per day or per week? From Monday to Friday, twice a day. Once in the morning and once in the afternoon.

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

N/A

8. What is the square footage the use will be occupying?

3,622

square feet

APPLICANT'S SIGNATURE

Please read and initial each statement:

- THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.
- THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.
- THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article IV, Section 4-1404 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.
- THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria staff to visit, inspect, and photograph the building premises, land etc., connected with the application.

Print Name of Applicant or Representative Maria Celeste Stillo

Signature

Date 7/7/2022

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone:

Email:

Fax:



Department of Planning & Zoning Administrative Special Use Permit New Use Checklist

Application form
Application fee
Supplemental Worksheet for the following uses:
Catering Operation
Child or Elder Care Home
Day care Center
Light Automobile Repair, Auto & Trailer Rental or Sales, Vehicle Parking or Storage
Live Theater
Outdoor Dining
Outdoor Display
Outdoor Food and Crafts Market
Outdoor Garden Center
☐ Valet Parking
Interior floor plan
Include labels to indicate the use of the space (doors, windows, seats, tables, counters, equipment)
Contextual site image
Show subject site, on-site parking area, surrounding buildings, cross streets
f applicable
✓ Outdoor plan for outdoor uses